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FG006-01

UT001-01
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The following folders were received in ORM from the office of Howard Baker, Chief of Staff:

1. Fairness Doctrine
2. George Hensen
3. Memorandums to HHB from JCT
4. Grace Commission
5. Dawson Memos
6. Donatelli Memorandums
7. Economic Bill of Rights
8. AIDS

ENCLOSURES FILED OVERSIZE ATTACHMENTS 15911

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release July 23, 1987

STATEMENT BY THE ASSISTANT TO THE PRESIDENT
FOR PRESS RELATIONS

The President is announcing today his intention to appoint the Presidential Commission on the Human Immunodeficiency Virus Epidemic -- the AIDS Commission.

The Commission's 13 members are drawn from a wide range of backgrounds and points of view. They bring together expertise in scientific investigation, medical care and its costs, public health, private research, and both State and national government, as well as in fields that deal with the many issues of ethics, law, and behavior involved in the AIDS epidemic.

The Commission will consist of the following individuals:

William Eugene Mayberry, Chairman
Colleen Conway-Welch
John J. Creedon
Theresa L. Crenshaw
Richard M. DeVos
Burton James Lee III
Frank Lilly
Woodrow A. Myers, Jr.
John Cardinal O'Connor
Penny Pullen
Cory SerVaas
William B. Walsh
Admiral James D. Watkins (Ret.)

The primary focus of the Commission will be to recommend measures that Federal, State, and local officials can take to stop the spread of AIDS, to assist in research aimed at finding a cure for AIDS, and to better care for those who have the disease.

In the course of its work, the Commission will:

-- Review current efforts at AIDS education;

-- Examine what is being done at all levels of government and outside of government to combat the spread of AIDS;

-- Examine the impact of the needs of AIDS patients in years to come on health care in the United States;

-- Review the history of dealing with communicable disease epidemics in the United States;

-- Evaluate current research relating to the prevention and treatment of AIDS;

-- Identify areas for future research;

more

-- Examine policies for development and release of drugs and vaccines to combat AIDS;

-- Assess the extent to which AIDS has spread both among specific risk groups and the population as a whole;

-- Study the legal and ethical issues relating to AIDS;

-- Review the role of the United States in the international battle against AIDS.

The Commission will proceed under the leadership of Dr. Eugene Mayberry, the Chief Executive Officer of the Mayo Clinic. The President has asked Dr. Mayberry to move quickly, and the Commission will deliver its first report to the President within 90 days. It will produce a final report within a year.

The President believes that the spread of AIDS is a cause of deep concern, but not panic. If Americans work together with common sense and common purpose, the President believes we will, in the end, defeat this common threat.

# # #

THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release July 23, 1987

The President today announced his intention to appoint the following individuals to be Members of the Presidential Commission on the Human Immunodeficiency Virus Epidemic:

COLLEEN CONWAY-WELCH, of Tennessee. Since 1984, Dr. Conway-Welch has been a Professor and the Dean of Nursing at Vanderbilt University and Associate Director of the Vanderbilt University Hospital Department of Nursing. She received her B.S.N. degree from the Georgetown University School of Nursing in 1965; her M.S.N degree from the Catholic University of America in 1969: her C.N.M. degree from the Catholic Maternity Institute in 1969; and her Ph.D. degree from New York University in 1973. Dr. Conway-Welch was born April 26, 1944 in Iowa. She is married and resides in Nashville, Tennessee.

JOHN J. CREEDON, of Connecticut. Mr. Creedon has been with the Metropolitan Life Insurance Company in New York City since 1942. He has been serving as President of the company since 1980, and Chief Executive Officer since 1983. Mr. Creedon is also Chairman of the Business Roundtable's Task Force on Health and Welfare Benefit Plans. He is serving as General Chairman of the Greater New York Blood Program Campaign for 1986 and 1987. Mr. Creedon earned his B.S. degree in 1952 from New York University, and earned his LL.B. degree in 1955 and his LL.M. degree in 1962 from New York University School of Law. He served in the United States Navy during World War II. Mr. Creedon was born August 1, 1924 in New York City. He is married, has six children and resides in New Canaan, Connecticut.

THERESA L. CRENSHAW, of California. Since 1975, Dr. Crenshaw has been the Director of The Crenshaw Clinic, which specializes in the evaluation and treatment of sexual dysfunction, sexual medicine and human relationships. She was immediate past President of the American Association of Sex Educators, Counselors and Therapists. Dr. Crenshaw received her B.A. degree from Stanford University in 1964 and her M.D. degree from the University of California at Irvine in 1969. She served in the United States Navy from 1967 through 1973. Dr. Crenshaw was born September 25, 1942 and resides in San Diego, California.

RICHARD M. De VOS, of Michigan. Mr. De Vos co-founded Amway Corporation in 1959, and has since been serving as President of the corporation. He attended the Calvin College in Michigan. Mr. De Vos served in the United States Air Force from 1944 through 1946. He was born March 4, 1926. Mr. De Vos is married, has four children and resides in Grand Rapids, Michigan.

BURTON JAMES LEE III, of Connecticut. Since 1969, Dr. Lee has been a practicing physician at the Memorial Sloan-Kettering Cancer Center in New York, specializing in the diagnosis and treatment of lymphomas. He was President of the General Medical Staff at the Memorial Sloan-Kettering Hospital from 1972 through 1974 and from 1983 through 1985. Dr. Lee earned his B.A. from Yale University in 1952 and his M.D. from the Columbia University College of Physicians and Surgeons in 1956. He was born March 28, 1930 in New York City. Dr. Lee is married, has three children and resides in Greenwich, Connecticut.

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FRANK LILLY, of New York. Since 1976, Dr. Lilly has been Chairman of the Genetics Department of the Albert Einstein Medical Center in New York City. He has also served as a Professor of Genetics for the Albert Einstein College of Medicine since 1974. Dr. Lilly earned his B.S. degree from the West Virginia University in 1951. He earned his first Ph.D. degree from the University of Paris in 1958, majoring in organic chemistry, and his second Ph.D. degree from the Cornell Graduate School of Medical Sciences in 1965, majoring in biology. Dr. Lilly served in the United States Army from January 1952 - December 1953. He was born August 28, 1930, in Charleston, West Virginia and resides in New York.

WOODROW A. MYERS, JR., of Indiana. Dr. Myers is the Health Commissioner for the State of Indiana and also serves as the Secretary of the Indiana State Board of Health. He has served in both of these positions since 1985. Previously, he was the Physician Health Advisor for the United States Senate Committee on Labor and Human Resources in Washington D.C., August - December 1984. Dr. Myers earned his B.S. degree from Stanford University in 1973, for which he received honors in Biological Studies. He earned his M.D. degree from Harvard Medical School in 1977 and his M.B.A. degree from Stanford University Graduate School of Business in 1982. Dr. Myers was born February 14, 1954 in Indiana. He is married, has two children and resides in Indianapolis, Indiana.

JOHN CARDINAL O'CONNOR, of New York. John Cardinal O'Connor was ordained a priest in 1945. He was named Archbishop of New York in 1984, and Cardinal in 1985. John Cardinal O'Connor served as Bishop of Scranton, Pennsylvania in 1983. While in the United States Navy, 1952-1979, he was appointed Navy Chief of Chaplains in 1974, and Titular Bishop of Cursola and Auxiliary to the Military Vicar in 1979. John Cardinal O'Connor was born January 15, 1920 in Philadelphia, Pennsylvania. He currently resides in New York City.

PENNY PULLEN, of Illinois. Miss Pullen was first elected to the Illinois State House of Representatives in 1976, and has been serving in the State House since that time. In January 1987 she was appointed House Minority Leader. Miss Pullen is the sponsor of AIDS related legislation in the state of Illinois. She earned her B.A. degree from the University of Illinois at Chicago in 1969. Miss Pullen was born March 2, 1947 in Buffalo, New York. She currently resides in Park Ridge, Illinois.

CORY SERVAAS, of Indiana. Since 1973, Dr. SerVaas has been Editor and Publisher of The Saturday Evening Post. She has also served as President and Research Director of the Benjamin Franklin Library and Medical Society and Medical Director of the Foundation for Preventative Medicine, 1976 - present. Dr. SerVaas earned her A.B. degree from the University of Iowa School of Journalism in 1946 and did post-graduate work at Columbia University. She earned her M.D. degree from the Indiana University School of Medicine in 1969. Dr. SerVaas was born June 21, 1924 in Pella, Iowa. She is married, has five children and resides in Indianapolis, Indiana.

WILLIAM B. WALSH, of Maryland. Dr. Walsh founded Project HOPE (Health Opportunity for People Everywhere) in 1958, and has been serving as President and Medical Director since that time. He is also a clinical professor of internal medicine at Georgetown University. Dr. Walsh earned his B.S. degree in 1940 from St. John's University in New York, and his M.D. degree from the Georgetown University School of Medicine in 1943. Dr. Walsh served in the United States Navy, 1941-1954. He received the Presidential Medal of Freedom in June, 1987, and received the National Institute of Social Sciences Gold Medal in 1977. Dr. Walsh was born April 26, 1920, in Brooklyn, New York. He is married, has three children and resides in Bethesda, Maryland.

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ADMIRAL JAMES D. WATKINS, U.S. Navy, Retired, of California. Admiral Watkins served as the Chief of Naval Operations, U.S. Navy from 1982-1986. Prior to this, he was Commander in Chief of the U.S. Pacific Fleet, 1981-1982. Admiral Watkins is a 1949 graduate of the U.S. Naval Academy and received his Masters Degree from the Naval Postgraduate School in 1958. During his military service, Admiral Watkins received several Distinguished Service Medals, including three Legions of Merit and the Bronze Star. Admiral Watkins was born March 7, 1927 in Alhambra, California. He is married, has six children and resides in the District of Columbia.

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THE WHITE HOUSE

Office of the Press Secretary

For Immediate Release July 23, 1987

Pediatric AIDS

FACT SHEET

As of July 20, 533 cases of AIDS among children age 13 or younger had been reported to the Centers for Disease Control. The experience of physicians who deal with HIV infected children indicates that only one-third to one-half of children infected with HIV and who show symptoms of their infection meet the CDC case definition of AIDS. An unknown multiple are infected but show no symptoms.

The majority of these children contracted AIDS perinatally, either before birth or in the birthing process (416 or 78%). Intravenous drug use is the overwhelming cause of HIV infection transmitted to children by their mothers. In 73% of cases of perinatal transmission, the mothers are either drug users or sexual partners of men who use IV drugs.

Sixty-three of these 533 children contracted AIDS through transfusions conducted before the availability of a test for HIV assured the safety of the blood supply. Twenty-eight cases resulted from infected blood products used by hemophiliacs; and in 26 cases the risk factor has not yet been determined.

The number of women in child bearing years who are infected with HIV assures that the pediatric AIDS population will grow and the population infected perinatally will grow. A mother need not have AIDS in order to transmit the HIV infection to the child -- just having the virus is sufficient and an estimated 50% of the offspring of HIV infected mothers are also infected with the virus. The prognosis for children with perinatally acquired AIDS is grim; of those children who are diagnosed with the severe manifestations of AIDS, half die within nine months of diagnosis. Those under one year of age have a more rapid course of disease, with half dying within six months after diagnosis.

AZT for Pediatric AIDS Patients at the National Institutes of Health

The Pediatric Oncology Branch of the National Cancer Institute at NIH is conducting a clinical trial for pediatric AIDS patients using Retrovir, the trade name for azidothymidine or AZT, under the supervision of Philip Pizzo, M.D.

Dr. Pizzo began his work with pediatric AIDS patients and AZT in December 1986 and currently has twelve patients in the clinical trial. At the outset Dr. Pizzo set a minimum age of five for prospective patients because of the need to draw a significant number of blood samples to evaluate the progress of the treatment. This skewed the possible patient population towards transfusion acquired and hemophiliac cases. However, Dr. Pizzo's progress has allowed progressively younger patients to enroll in the clinical trial. Currently the youngest patient is 16 months old and became infected perinatally.

-more-

Retrovir was approved by the Food and Drug Administration on March 19, 1987, but the use of Retrovir in pediatric AIDS was not among the FDA's approved uses. Dr. Pizzo's work is a Phase I clinical trial, designed to determine the toxicity level of Retrovir for children. Thus far he has found Retrovir useful in arresting immune system damage among some of his patients.

Dr. Pizzo's patients receive Retrovir through a permanent cathether which allows continuous administration of the drug. Treatment is on an outpatient basis with bi-weekly visits to the Clinical Center.

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WHITE HOUSE

Office of the Press Secretary

For Immediate Release July 23, 1987

FACT SHEET

Developing Drug Therapies for AIDS

It was in the laboratory of Samuel Broder, M.D., the Associate Director for Clinical Oncology at the National Cancer Institute (NCI) of the National Institutes of Health (NIH) that the first work was done on the use of azidothymidine (AZT) to fight the Human Immunodeficiency Virus (HIV). Since then, several drugs now used to treat AIDS have been developed.

The only one of these licensed for clinical use is AZT, a drug marketed under the name Retrovir. Retrovir reduces the occurrence of life-threatening opportunistic infections, and has been particularly effective in treating the dementia frequently seen in AIDS patients. Retrovir is now prescribed for the majority of AIDS patients.

Current Public Health Service investigations include:

- Dr. Broder's work with DDC (dideoxycytidine), which is being used along with Retrovir in clinical trials;
- laboratory studies involving DDA/DDI (dideoxyadenosine/ dideoxyinosine), also under Dr. Broder's direction;
- the work of Dr. Bruce Chabner, Director of NCI's Division of Cancer Treatment, which has found that trimetrexate, an anticancer agent, is effective in treating AIDS patients with pneomocystis pneumonia which has not responded to standard treatment.
- Dr. Candace Pert of the National Institute of Mental Health (NIMH), an Institute of the Alcohol, Drug Abuse, and Mental Health Administration, in collaboration with NCI scientists, has studied the involvement of the central nervous system in AIDS. Out of this work has come the possibility of a neuropeptide that may have antiviral activity, a question that may soon be addressed in a clinical trial.

The Food and Drug Administration, responding to the President's Task Force on Regulatory Relief, recently promulgated final regulations which will speed the pace with which new drugs like trimetrexatecan reach sick people.

Drugs which show promise in early NCI studies are moved into expanded studies. The expanded studies are conducted primarily by special AIDS Treatment Evaluation Units, supported by NIH's National Institute of Allergy and Infectious Diseases. So far, the units have treated nearly 1000 patients in about 18 studies.

All of the human AIDS studies are listed in NCI's computerized database, PDQ. Any physician in the country can check PDQ to determine the nature and location of studies for all types of cancer and for AIDS, and how to admit patients to those studies.

# # #

THE WHITE HOUSE
WASHINGTON

fyi
Aides

June 19, 1987

BOB TUTTLE:

Filling in the blanks of this morning, Gary has provided the attached names.

My only real quarrel is with educator. Weir is not a teacher with current hands-on, nor is Howard; they're both professional administrators. I have pretty strong feelings about this, but so does Gary.

I have a small problem with Beverly Newman which is geographic dispersement; she and Judson are both from Colorado.

As you are focussing on chairman, first we should be able to defer this until you get further into it. All I would like is an opportunity to present my views.

Rhett Dawson

cc: John Tuck
Gary Bauer

THE WHITE HOUSE

WASHINGTON

June 15, 1987

Dear Don:

Thank you for your message recommending former Senator Harrison Schmitt to serve as a member of the National Commission on AIDS. I'm happy to bring your recommendation to the attention of Bob Tuttle. I assure you that Senator Schmitt will receive every consideration.

I continue to value your wise counsel and look forward to seeing you again soon.

Sincerely,

Howard H. Baker, Jr.
Chief of Staff to the President

The Honorable Donald Rumsfeld
Suite 3910
135 South La Salle Street
Chicago, Illinois 60603

491874

DONALD RUMSFELD
135 SOUTH LA SALLE STREET
SUITE 3910
CHICAGO, ILLINOIS 60603
(312) 853-8270

May 22, 1987

Hon. Howard H. Baker, Jr.
Chief of Staff
The White House
Washington, DC 20500

Dear Howard:

If you are looking for someone to serve on a committee on the subject of AIDS, you might give some thought to former Senator Schmidt from New Mexico. I know he is deeply interested in the subject.

I hope things are going well. Thanks again for the lunch.

Regards,

Donald Rumsfeld

DR/tf

GOLD AND LIEBENGOOD, INC.
SUITE 950
1455 PENNSYLVANIA AVENUE, N. W.
WASHINGTON, D. C. 20004
(202) 639-8899

May 27, 1987

The Honorable John Tuck
Executive Assistant to the
Chief of Staff
The White House
Washington, D.C. 20500

Dear John:

I recently learned that Dr. David Sundwall is interested in serving on the President's Commission on AIDS. As you may recall, David was the top health advisor to Senator Orrin Hatch and eventually became Staff Director of the Committee on Labor and Human Resources during the later part of Senator Hatch's chairmanship.

Dr. Sundwall is an M.D. and left the Committee to become Administrator of the Health Resources and Services Administration at the Department of Health and Human Services. He also acts as Assistant Surgeon General. In addition to these posts, David currently serves on the Intra-Governmental Task Force on the Treatment of AIDS Patients.

I think David is highly qualified and would be a real asset to the new commission. Thank you for your careful consideration.

With best personal regards.

Sincerely,

Howard

Howard S. Liebengood

HSL/mkm

GOLD AND LI... INC
SUITE ...
1455 PENNSYLVANIA AVENUE, N. W.
WASHINGTON, D. C. 20004
(202) 639-8899

Robert Dawson FYI.

May 27, 1987

The Honorable John Tuck
Executive Assistant to the
Chief of Staff
The White House
Washington, D.C. 20500

Dear John:

I recently learned that Dr. David Sundwall is interested in serving on the President's Commission on AIDS. As you may recall, David was the top health advisor to Senator Orrin Hatch and eventually became Staff Director of the Committee on Labor and Human Resources during the later part of Senator Hatch's chairmanship.

Dr. Sundwall is an M.D. and left the Committee to become Administrator of the Health Resources and Services Administration at the Department of Health and Human Services. He also acts as Assistant Surgeon General. In addition to these posts, David currently serves on the Intra-Governmental Task Force on the Treatment of AIDS Patients.

I think David is highly qualified and would be a real asset to the new commission. Thank you for your careful consideration.

With best personal regards.

Sincerely,

Howard

Howard S. Liebengood

HSL/mkm

OFFICE OF THE VICE PRESIDENT

WASHINGTON

June 25, 1987

MEMORANDUM FOR JOHN TUCK

FROM: THOMAS J. COLLAMORE

SUBJECT: Dr. Burton Lee and the AIDS Commission

As we discussed, I believe the Vice President raised with the President recently the possibility of Dr. Lee being appointed to the AIDS Commission.

Attached is a copy of a recent letter Dr. Lee wrote the Vice President. Dr. Lee's address is as follows:

Burton J. Lee, M.D.
Memorial Sloan-Kettering Cancer Center
1275 York Avenue
New York, New York 10021
(212) 794-7092 (Business)
(203) 869-6297 (Home)

If I can provide any further information, please don't hesitate to ask. Many thanks for your assistance.

Attachment

June 2, 1987

The Honorable George Bush
Vice President of the United States
The White House
Washington, D.C. 20500

Dear Mr. Vice President,

I have been a physician at Memorial Hospital in New York City for twenty-five years, specializing in the diagnosis and treatment of lymphomas, the most common cancers affecting people with AIDS. Currently, I have a very large number of patients with AIDS in my practice, and the percentage of my lymphoma patients who have the AIDS virus is rapidly increasing.

I was watching television last night and heard you speaking out in favor of routine testing for the AIDS virus. You were booed by the audience, and I simply could not believe my ears. It should be obvious, especially to the medical personnel you were addressing, that the first step toward the control of any infectious, epidemic-like process is to identify all the carriers. The contact behavior that leads to the spread of the disease can then be altered, and the epidemic contained.

With AIDS, this basic rule of epidemiology and public health has been violated, and confused with civil rights issues. This is not a civil rights question. This issue, no matter what your detractors may say, is clearly one of the most serious public health crises this country has ever faced. This infection is contagious, and it is fatal! Historically, we have taken the most stringent precautions with diseases of this type, including hepatitis, syphilis, and tuberculosis, for which mandatory testing has been commonplace. If a person exposed to smallpox or the bubonic plague were trying to enter this country, our citizens would scream bloody murder if he were allowed to immigrate without being adequately tested.

You are taking a most responsible stand in encouraging routine screening for the HIV virus that causes AIDS. So as not to be discriminatory, this test should be routine and across-the-board. This is the only way that we can identify the pool of patients who harbor the virus. In the absence of any curative treatment, this is also the only way that we can currently contain the disease. It should also be noted that routine screening can detect the presence of the virus long before the disease manifests itself. This provides the individual with the opportunity for early treatment, which may postpone the aggressive phase of the disease, and prolong survival.

AIDS testing, accompanied by appropriate counselling, would appear to be indicated in the following circumstances:

- certainly, prior to immigration, as you have noted;
- certainly, prior to a marriage;
- certainly, prior to any attempt to have a child;
- certainly, at every hospital admission. Medical personnel and other patients have a right to this information to afford themselves and others protection from contamination. Dentists, dental assistants, and dental patients also have a right to know whether there is a chance of HIV contact;
- in all prisons;
- in drug treatment centers;
- in the military (with which no one can argue, for multiple reasons);
- and, in my mind, on college campuses, where many of our children are exposed to multiple sex partners for the first time.

The issue of false positive test results is a red herring. The initial screening test known as ELISA, is extremely sensitive, and was so designed to remove any possibility of contamination from our blood banks. This test can yield false positives, but when coupled with a second test, the Western blot test, the incidence of truly false positives is extremely rare. They do exist, however, and this problem must be faced, and faced rapidly, with further development of new laboratory tests. It should be remembered that false positives were a big problem when we first dealt with syphilis, but this did not stop the routine screening for the disease.

There are those among us who oppose routine testing, and favor instead voluntary testing and education. While there is compelling evidence that education and behavior modification have been successful in some urban gay communities, there is no evidence whatsoever that behavioral changes are taking place among I.V. drug users, a notoriously difficult population to reach and educate. The certain knowledge afforded by routine screening that one is an HIV carrier will surely be our most powerful educational weapon, and should change that individual's sexual behavior much faster than billboards, pamphlets, or TV commercials.

I would call for massive help in any educational effort from the Cay Men's Health Crisis, from groups of single women, from universities, from drug addiction centers, from the military, from churches, from parents' groups, from all those people out there who want protection for themselves and their children from this disease.

It has been estimated that in certain parts of Africa, one-third to one-half of the population carries the HIV virus. Unless we contain the spread of this disease now, in a very short time we won't even remember that this was ever considered "a disease of drug addicts and homosexuals."

If you are going to get booed for taking such a simple and straightforward position on containing this most devastating of all epidemics, then I guess this is the reward of any responsible politician who must consider the welfare of the public at large.

It is time to face the music. We are talking about a rapidly spreading, fatal disease. It is time to stop worrying about peripheral factors, and concentrate on the disease. We all must have compassion for the disease sufferers. I do. That is why I want mandatory widespread testing, so that, among other things, there will be no more babies born with this ghastly virus. I am happy that none of those children were in that audience to hear those boos.

Widespread, routine, and probably mandatory screening for AIDS is going to become a fact of life in this country very soon anyway. By calling for such routine testing and the identification of all possible carriers of the AIDS virus, you are supporting the most basic rule of public health, and are completely correct in your position.

Sincerely yours,

Burton J. Lee, M.D.

BJL/ma

THE WHITE HOUSE
WASHINGTON

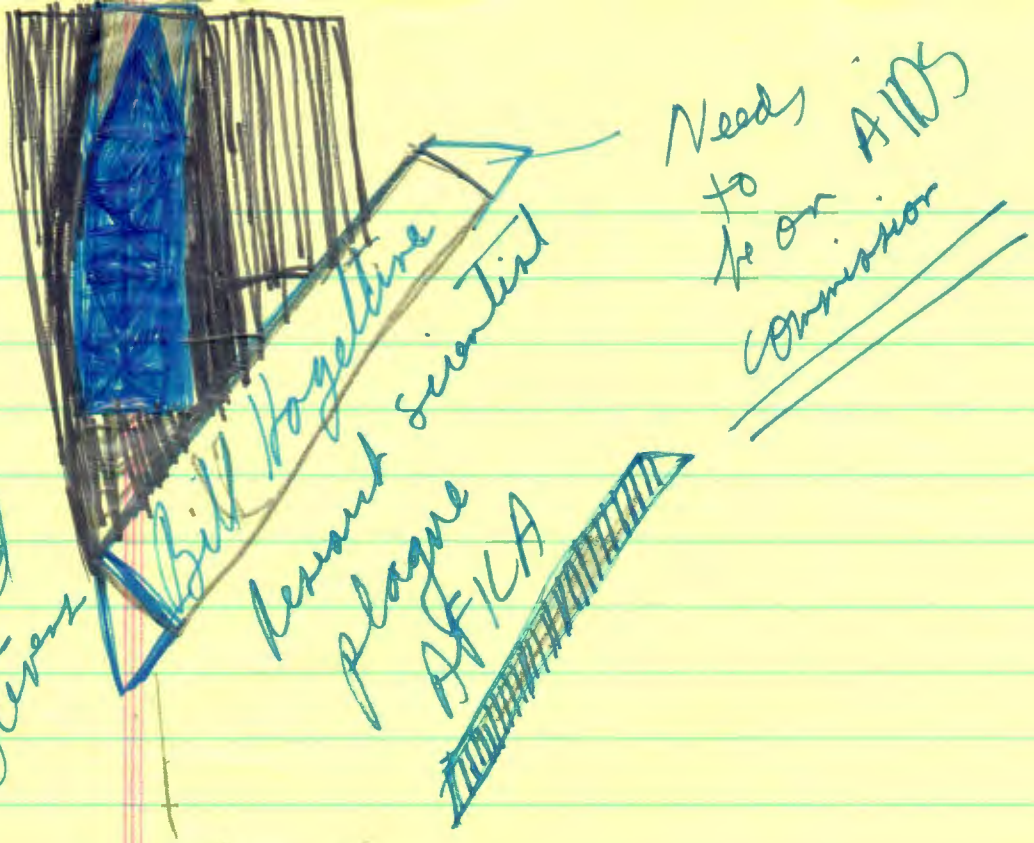
file Aids

Date: 6-1

TO: Sely

FROM: JOHN C. TUCK
Executive Assistant
to the Chief of Staff

Get correspondence from Stevens to Baker about Bill Hazeltine to be on AIDS Commission


Ted Stevens
Bill Hogeltine
Needs to be on commission
Resource scientist
plague
AFICA

THE WHITE HOUSE
WASHINGTON

June 26, 1987

AIDS file

TO: Gary Bauer
Rhett Dawson
John Tuck

FROM: ROBERT H. TUTTLE RHT
Deputy Assistant to the President
Office of Presidential Personnel

COMMENT:

Attached is a list of names of individuals and their recommenders which I think you should review before our meeting on Monday.

Meeting at 4:45pm Rhetts Office

THE WHITE HOUSE

WASHINGTON

PRIORITY CANDIDATES FOR AIDS BOARD

* Joan Tisch Wife of Preston Tisch, Postmaster General of US	self
Dottie Wham Colorado State Representative Prime sponsor of CO AIDS Legislation	Senator Armstrong
* Senator Pete Wilson	Self (his #1 priority candidate)
Donald K. Ross Chairman/CEO, New York Life Insurance Company	Richard Schweiker
* Donald Rumsfeld Recommended for Chairman	Bill Graham (#1 priority)
Roland Schmitt SVP, General Electric Corporation Member, National Science Board	Bill Graham
* Richard Schweiker Former Secretary of HHS (Reagan Administration)	Senator Wilson (#4 priority)
Peter Scott	Nancy Reynolds
Jean Settlemyre President, Foundation for Immunological Disorders Group VP, American Medical International Houston, TX	Senator Dole
* Michael Shane Head of Leading Edge Computers	Bill Timmons
* Gary Smith Professor of Law, Emory University Conducted a study for the Center for Disease Control	Ted Stivers Congressman Swindal
* Thomas Sowell Senior Fellow, Hoover Institute	Bill Graham (#3 priority)

* David Rogers President, Robert Wood Johnson Foundation Former Dean, Johns Hopkins School of Medicine Republican	Senator Wilson Senator Dole Richard Ogilvie
* John J. O'Shaughnessy SVP, Greater New York Hospital Association Former Asst Sec'y, HHS (Reagan Administration)	self
James T. Lynn Chairman/CEO, Aetna Life Insurance Company	Richard Schweiker
* Connie Marshner Editor, Family Protection Report Springhill, VA EVP, Free Congress Research and Education Foundation EVP, Coalitions for America	Senator Armstrong Paul Weyrich
Robert McMillan Partner, Rivkin, Radler, Dunne & Bayh Represents institutions treating AIDS patients Republican	Virginia Knauer Congressman Lent Pat Buchanan Congressman McGrath Matt Scocoza Milton Frank Congressman Fish Congressman Sundquist Congressman Lent James L. Larocca Howard Phillips
Ira Millstein Senior Partner, Weil, Gotshal & Manges Democrat worked with Gary Bauer re: AIDS Worked with Pasteur Institute	Rob Odle
* Cardinal John J. O'Connor Archdiocese of New York working on treatment of AIDS Patients	Carlton Turner

Connie Horner	Self
Kirk Johnson General Counsel/American Medical Association	Morris Liebman
* Kenneth Kizer Director, California Department of Health Services	Jim Stockdale Governor Deukmejian
Mathilde Krim AIDS Activist Handled Liz Taylor event here AMFAR	Nancy Clark Reynolds Senator Kennedy
* Dr. Herb London Fellow, The Hudson Inst Gallatin School at NYU	Mitch Daniels (alert if chosen)
* Joshua Lederberg President, Rockefeller University	Bill Graham Senator Dole
* Steve Herbits EVP, Segrams	Congressman Cheney
* William Haseltine Associate Professor of Cancer Biology, Harvard University Massachusetts	Senator Stevens Senator Kennedy
Alvin Friedman-Kien Professor, NYU Physician	Senator Dole
Frances Frech	Senator Danforth
Rich DeVos	Senator Armstrong L. Brent Bozell III Paul Weyrich
* Charles Edwards President, Scripps Institute Former FDA Commissioner (Nixon Administration) Republican	Senator Wilson (#2 priority) Senator Dole

* Carolyn Davis Former Administrator of HCFA (Reagan Administration) Republican	Senator Wilson (#3 priority)
* Disque Deane Chairman, Corporate Property Investors New York	Senator Dole
* John J. Creedon President & CEO, Metropolitan Life	Senator Dole Richard Schweiker Congressman Michel
John B. Carter President/CEO Equitable Life Assurance Society of the U.S.	Richard Schweiker
Peter F. Carpenter EVP, ALZA Corp (pharmaceutical company) Palo Alto, CA	Frank Carlucci Congressman Cheney
* Albert A. Cardone Chairman/CEO - Empire Blue Cross & Blue Shield Assn	Nancy Reynolds Bernard R. Tresnowski
Dr. Paul Cameron	Senator Thurmond Eleanor S. Staler
* Joe Califano	through Senator Baker
* Gene Antonio Author of The Aids Cover Up? San Francisco, CA	Senator Armstrong Congressman Burton Phyllis Schlafly Congressman Armey
* Patricia Allen VP and Comptroller, Richard V. Allen Company Wife of Richard Allen	Bill Graham (#2 priority) Frank Fahrenkopf Senator Laxalt Paul Weyrich
** Burton Lee	Vice President Bush

KEMPF, RADM Cecil J., Director of Naval Reserve, Office of Chief of Naval Operations, Dept. of the Navy, Room 4E466, The Pentagon, Washington, DC 20350. Born Nov. 20, 1927 in Maud, OK to John Joseph and Sylvia Lorene (Moody) Kempf. Married Dec. 20, 1950 to Theodosia Ann Suman. Children: Charles John, David Fuller and Suzanne Ellen. U.S. Naval Academy, 1950, B.S. in aero. engineering; Naval Postgraduate School, 1956; Massachusetts Inst. of Technology, 1957, M.S. Commissioned Ensign in 1950, U.S. Navy; advanced to RADM in 1976; designated Naval aviator in 1951. Active duty assignments include: 1972-74, Commanding Officer, *USS Dubuque;* 1974-75, Commanding Officer, *USS Tripoli;* 1975-76, Deputy Manager, Anti-submarine Warfare Systems Project, Naval Material Command; 1976-78, Commander, Anti-submarine Warfare Wing, U.S. Pacific Fleet; 1978-79, Director, Aviation Programs Division, Office of Chief of Naval Operations; 1979-81, Vice Commander, Naval Air Systems Command; 1981-84, Asst. Deputy Chief of Naval Operations for Air Warfare; 1984—, current assignment. Member: Naval Acad. Alumni Assn.; Assn. of Naval Aviation; Episcopal Church.*

KENISON, Robert S., Associate General Counsel for Assisted Housing and Community Development, Dept. of Housing & Urban Development, Room 2144, 451 Seventh St., SW, Washington, DC 20410. Home, 1507 N. Edison St., Arlington, VA 22205. Born July 11, 1938 in Evanston, IL to Samuel Morris and Gertrude Bridget (Sullivan) Kenison. Married June 12, 1966 to Anne Wiener. Child, Laura Meredith. St. Anselm's Coll., 1956-60, B.A. (summa cum laude); Harvard Law School, 1960-63, LL.B.; Princeton Univ., 1971-72, Mid-Career Fellow; Red Key Society, St. Thomas More Debating Society, SNEA, Law School Committee of Phillips Brooks House. 1963-65, volunteer, Peace Corps; 1966-68, public housing attorney, 1968-71, urban renewal attorney, 1971-74, special asst., 1974-77, Asst. General Counsel and 1977—, current position, Dept. of Housing & Urban Development. Admitted to NH Bar Assn., 1963. Author: "Off-Track Betting: A Legal Inquiry Into Quasi-Socialized Gambling," *NH Bar Journal,* 1963. Recipient: President's Distinguished Rank Award, 1984. Member: Inter-American Bar Assn. Hobbies: reading, golf, jazz, gardening.

KENNEALLY, Dennis M., Deputy Assistant Secretary for Reserve Affairs, Dept. of the Air Force, Room 5C938, The Pentagon, Washington, DC 20330. Home, Arlington, VA. Born June 12, 1946 in Boston, MA. San Diego State Univ., B.A. (with distinction in economics) and M.A. in public admin. Enlisted in U.S. Armed Foces in 1963; served as aircraft commander and fire team leader, helicopter gunships in Vietnam; released from active duty in 1970 and transferred to Army Reserve and later to CA Army Natl. Guard; Distinguished Flying Cross, Bronze Star with 'V' Device, Air Medal with 28 oak leaf clusters, Army Commendation Medal with 'V' Device, Army Commendation Medal for Meritorious Service, Humanitarian Service Medal. Former budget and legis. analyst then Admin. Mgr. for Registrar of Voters, County of San Diego; Chief of Staff to CA State Rep.; 1982-83, Assoc. Deputy Admin. for Admin., Veterans Admin.; 1983—, current position. Member: Combat Pilots Assn.; Reserve Officers Assn.; Air Force Assn.; Natl. Guard Assns. of the U.S. and Calif.; Maritime Museum of San Diego; San Diego Aerospace Museum; Honorary Dep. Sheriffs Assn. of San Diego County; Assn. of Former Intelligence Officers.

KENNEDY, Richard T., Ambassador-at-Large, Special Adviser to the Secretary on Non-proliferation Policy & Nuclear Energy Affairs and U.S. Representative to International Atomic Energy Agency, Dept. of State, Washington, DC 20520. Born Dec. 24, 1919 in Rochester, NY. Married in 1947 to Jean Drew Martin. Univ. of Rochester, 1941, B.A. in economics; Harvard Univ. Graduate School of Business Admin., 1953, M.B.A. Entered active duty as 2LT in 1942, U.S. Army; retired as COL. in 1971; Distinguished Service Medal, Legion of Merit, Bronze Star, Army Commendation Medal. 1959-61, planning and financial management adviser to Iran; 1962, with Army General Staff in Washington; 1965-69, with Office of Asst. Secy. of Defense for Intl. Security Affairs; 1969-71, senior staff member and 1971-72, Dir., Staff Planning & Coordination, National Security Council; 1973-75, Deputy Assistant to the President for Natl. Security Council Planning; 1976-80, Commissioner, Nuclear Regulatory Commission; 1981-82, Under Secy. for Mgmt., Dept. of State; 1982—, current position. Author of numerous articles about civil use of nuclear energy, the worldwide energy problem and regulatory matters. Recipient: Secretary of the Army Commendation.

KENNEDY, Roger G., Director, National Museum of American History, Smithsonian Institution, 14th St. & Constitution Ave., NW, Washington, DC 20560. Born Aug. 3, 1926 in St. Paul, MN to Walter J. and Elisabeth (Dean) Kennedy. Married Aug. 23, 1958 to Frances Hefren. Child, Ruth. St. Paul Acad., 1944, graduate; Yale Univ., 1949, B.A.; Univ. of Minnesota, 1952, LL.B. U.S. Naval Reserve service, 1944-46. 1953, attorney, Dept. of Justice; 1954-57, correspondent, NBC; 1958, Director, Dallas Council on World Affairs; 1959, Special Asst. to the Secretary, Dept. of Labor; 1959-69, Asst. Vice President, Vice President, Chairman of the Executive Committee then Director, Northwestern Natl. Bank, St. Paul, MN; 1969-70, Vice President for Finance, Exec. Dir., Univ. of Minnesota Foundation; 1970-79, Vice President for Financial Affairs, Vice President, Arts, Ford Foundation, New York City; 1979—, current position. Author: *Minnesota Houses,* 1957; *Men on the Moving Frontier,* 1969; *American Churches,* 1983; *Preface to WPA Guide to Washington,* 1983; *Architecture, Men, Women and Money,* 1985. Admitted to Minnesota Bar, 1952; DC Bar, 1953.

KENNICKELL, Ralph E., Jr., Public Printer, Government Printing Office, Room 808, Bldg. 3, North Capitol & H Streets, NW, Washington, DC 20401. Born Oct. 21, 1945 in Savannah, GA. Married. Two children. The Citadel Military Coll., 1963-67, B.S. in business admin. U.S. Army service in West Germany and Vietnam, 1967-70; Vietnam Cross of Gallantry, Combat Infantry Badge, Bronze Star. 1971-81, Vice President & Manager, Kennickell Printing Co.; 1981-82, special consultant to the Asst. Secy. for Admin., Dept. of the Treasury; 1982, Special Asst. to Assoc. Admin. for Mgmt. Assistance, 1982-84, Special Asst. to the Deputy Admin. and 1984, Special Asst. to the Admin., Small Business Admin.; 1984—, current position. Member: 32nd degree Mason. Hobbies: bird hunting, fishing, golf.

THE WHITE HOUSE
WASHINGTON

Date: 7/2/87

TO: John

FROM: KATHY RATTE JAFFKE
Office of Legislative Affairs

Senator Hecht handed this letter to Pam + asked her to make sure Senator Baker received it.

CHIC HECHT
NEVADA

UNITED STATES SENATE
WASHINGTON, D. C. 20510

From Joffe
to Phil +
Bob

July 1, 1987

The Honorable Howard Baker
The White House
Washington, D.C. 20500

Dear Howard:

It is my understanding that Mr. Rich DeVos has made the "short list" to become a member of the Presidential Commission on the Human Immunodeficiency Virus Epidemic.

I would like to take this opportunity to express my complete support for Mr. DeVos, and I hope you will review his qualifications thoroughly.

Sincerely,

Chic Hecht

THE WHITE HOUSE

WASHINGTON

July 2, 1987

MEMORANDUM FOR ROBERT TUTTLE

FROM: JOHN C. TUCK

SUBJECT: RICH DEVOS

Thought you would like to know that Senator Symms called me this afternoon to highly endorse Rich DeVos for membership on the AIDS Commission.

THE WHITE HOUSE

WASHINGTON

July 20, 1987

MEMORANDUM FOR SENATOR BAKER
TOMMY GRISCOM

FROM: JOHN C. TUCK

SUBJECT: CARDINAL O'CONNOR

Monsignor McCarthy of Cardinal O'Connor's staff called Bob Tuttle to tell him that the President should be aware of the gay community's dislike of the Cardinal. They stand during his masses in sign of protest.

Tuck asked Tuttle if this is a request on O'Connor's part to get out of the Commission. Tuttle advises that he does not think so, but rather it is simply the Cardinal putting us on notice that he is controversial on the gay issue.

AIDS file

THE WHITE HOUSE

WASHINGTON

June 19, 1987

MEMORANDUM FOR RHETT DAWSON

FROM: GARY L. BAUER

SUBJECT: Additional Commission Names

Attached is information on:

Maurice E. Weir, Sr.
Dr. John Addison Howard
Beverly Newman
Dr. Vernon Mark
Dr. William Hazeltine

Weir and Howard are good "education slot" people. I prefer Weir. Newman is a relative of an AIDS victim -- her husband who died from tainted blood. Dr. Vernon Mark & Dr. William Hazeltine are both good experts.

Aids Expert

Hazeltine — ?

cc: John Tuck

RESUME

MAURICE E. WEIR, SR.
6203 KENTLAND STREET
SPRINGFIELD, VA 22150
(703) 569-3164 (h)
(202) 861-0230 (w)

EXPERIENCE

Sept. 1984 to Present

VICE PRESIDENT, FOR PROTOTYPE DEVELOPMENT AND SPECIAL PROJECTS
CITIES IN SCHOOLS, INC., WASHINGTON, D.C.

- Created concept and Prototype Design for National Model Coordinated and Intergrated Human Service Delivery System designed to bring existing health, social service, employment, delinquency prevention and other support services to Public School sites to address the issues of Teen Sexuality/Pregnancy, Drug Abuse, Delinquency, Employment, etc. to at-risk youth and their families.
- Supervise and direct all field operations of CIS Regional Offices in the process of Replication of the system which is currently in various stages of implementation and operation in 65 cities and 94 schools across the country.
- Research and disseminate information relating to special issues and populations (AIDS, Teen Pregnancy, Hispanic Youth, Native Americans, Blacks, families, etc.) for distribution.
- Provide consultation and recommendations to federal, state, local government and private agency officials regarding services to at-risk youth and their families

Oct. 1980 to Present

DIRECTOR
CITIES IN SCHOOLS, ADOLESCENT HEALTH CENTER
WASHINGTON, D.C.

- Founder and Chief Administrator of Health Clinic for Sexually Active and Pregnant and Parenting Teens.

- Drafted initial plan, negotiated over 40 linkage agreements with local hospitals and health care, and social service agencies.
- Coordinated and consult with public/private health care agencies for AIDS Education Program for clinic clients.
- Review, select, and approve all sex education curricula and materials.
- Direct staff development and training, quality control, special investigations, inquiry services and support services.

Sept. 1977 to Aug. 1980

NATIONAL DIRECTOR OF TECHNICAL ASSISTANCE
CITIES IN SCHOOLS, INC., WASHINGTON, D.C.

- Provided Technical Assistance to CIS Project sites in the areas of Management, Development, Program Design, Agency Coordination, Networking, Contracts, Evaluation and Case Management.
- Liaison to Federal and Local Government Officials.

June 1969 to Aug. 1977

EXECUTIVE DIRECTOR
BREAK FREE INCORPORATED

- Founder and Chief Administrator of this non-profit organization whose purpose was to seek and development educational opportunities for at-risk youth.
- Created the Lower East Side Prep School in 1970 which won National Honors in 1972&73 and was then adopted into the New York City Public School System. This school was designated to serve at-risk youth from New York's Black, Hispanic, Chinese and Italian communities.

July 1967 to
June 1969 **ASSISTANT PROJECT DIRECTOR**
YOUNG LIFE CAMPAIGN, COLORADO SPRING, COLO.

- Organized and coordinated outreach and consueling to teenagers on New Yorks Lower Eastside.
- Conducted field trips, summer camps and family retreats.
- Wrote proposals and made presentations to Foundations and Corporate representatives.

1966 to 1967 **YOUTH COUNSELOR**
NEW YORK URBAN LEAGUE, NEW YORK, NY

- Recruiter and counselor for teenage dropout project.
- Counseling for youth returning to school or entering vocational programs.
- Community organizing

EDUCATION

- Queens College, Flushing, New York
  3 years Liberal Arts Major - 1965-68
- Newark Prep School, Newark New Jersey
  Diploma 1965

MEMBERSHIPS AND AFFILIATIONS

- American Public Health Association
- National Association for the Prevention of Teen Pregnancy
- Council for the Advancement of Citizenship
- Community of Hope Health Clinic - Board Chairman
- Community of Caring Teen Pregnancy Program - Board Chairman
- Family Resource Coalition
- Capitol Hill Hospital Teen Pregnancy Center - Advisory Board
- District of Columbia Mayors Advisory Committee on Teen Pregnancy Prevention
- AIDS Advisory Committee, District of Columbia Commission on Public Health
- School Based Clinic Advisory Committee, District of Columbia, Commission on Public Health
- Ethics and Public Policy Center - Associate

AIDS ENVOLVEMENT

1 - Board Chairman - Community of Hope Health Clinic
(AIDS Screening and Testing Site Serving Mainly Drug Abusers and the Homeless)

2 - AIDS Advisory Committee - District of Columbia - Commission of Public Health

3 - Director, Cities in Schools/Adolescent Health Center
(AIDS Education)

4 - National, Cities in Schools - AIDS Information and Education Coordinator

THE WHITE HOUSE

WASHINGTON

June 15, 1987

MEMORANDUM FOR GARY L. BAUER

FROM: WILLIAM R. GRAHAM

SUBJECT: Nomination for National Commission on AIDS

I submit the following name for membership on the National Commission on AIDS. Donald Rumsfeld shares my enthusiasm for this candidate.

Dr. John Addison Howard
President
The Rockford Institute
2431 Rock Terrace
Rockford, IL 61103

General Area: Education, university administration.

Dr. Howard served on the U.S. Commission on Marijuana and Drug Abuse (1971-73) and the President's Task Force on Priorities in Higher Education (1969-70). He is the recipient of many distinguished awards including the Silver Start with oak leaf cluster, Purple Heart with oak leaf cluster, Horatio Alger Award, and the Religious Heritage Educator of the Year Award. His publications include Dilemmas Facing the Nation. Dr. Howard brings a wealth of experience in working with young people and an outstanding record of accomplishment in education to any task.

Beverly Newman from Denver, Colorado, has a tremendous grasp of the medical, psychological, and social problems associated with AIDS. Her husband contracted AIDS around 1980 from blood transfusions after a coronary; it was several years after Mr. Newman contracted AIDS that he was finally diagnosed as having AIDS. In fact, Mr. Newman's case was the first AIDS case diagnosed by the Mayo Clinic. Dr. James Jett of the Mayo Clinic encourages us to consider Beverly Newman because he believes she has a very accurate scientific and personal understanding of the disease. In conversations with our office Mrs. Newman has repeatedly come out for broader testing and for an emphasis on values.

Vernon H. Mark, M.D.
Professor of Surgery
  Harvard Medical School
Director of Neurosurgery Emeritus and
  Honorary Physician, Boston City Hospital
Staff Member, Massachusetts General Hospital
1560 Beacon Street
Brookline, MA 02146
(617) 734-9690; (617) 738-4999

Dr. Mark is Associate Professor of Surgery at the Harvard Medical School and Director of Neurosurgery Emeritus and Honorary Physician at the Boston City Hospital. He has been associated with the Massachusetts General Hospital since 1949 as a full-time staff member on the resident and senior staff until 1964, and then when he became the Director of the service at the Boston City Hospital, on the part-time staff. He was the leader of a team at the Massachusetts General Hospital who discovered a center in the human brain exclusively related to pain. He headed a research team that correlated sexual and abnormal aggressive behavior to damage in the limbic or emotional brain (recounted in his book written with Frank Ervin, Violence and the Brain). He co-authored a book with his wife (The Pied Pipers of Sex) detailing the effects of the sexual revolution on public health and education. He and Dr. Tom Sabin started the first independent C.A.T. scanning laboratory of the brain in 1974. He and Dr. Sabin started one of the first integrative diagnostic services for patients with dementia and behaviorial abnormalties related to abnormal brain function in 1972, and began a private outpatient extension in 1979. AIDS is one of the most rapidly spreading brain diseases that causes such abnormalties. As a result of his studies, in 1985 Dr. Mark cosponsored a leadership conference of the spread of AIDS into the heterosexual population, including possible methods of control. He debated the Director of the Communicable Diseases of the Commonwealth of Massachusetts, Dr. Nicholas Fiumara, who claimed that AIDS was not spread heterosexually.

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THE WHITE HOUSE

WASHINGTON

June 19, 1987

AIDS file

MEMORANDUM FOR RHETT DAWSON GLB

FROM: GARY L. BAUER

SUBJECT: Additional Commission Names

Attached is information on:

Maurice E. Weir, Sr.
Dr. John Addison Howard
Beverly Newman
Dr. Vernon Mark
Dr. William Haseltine

Weir and Howard are good "education slot" people. I prefer Weir. Newman is a relative of an AIDS victim -- her husband who died from tainted blood. Dr. Vernon Mark & Dr. William Haseltine are both good experts.

cc: John Tuck

GOLD AND LIEBENGOOD, INC.
SUITE 950
1455 PENNSYLVANIA AVENUE, N. W.
WASHINGTON, D. C. 20004
(202) 639-8899

Rhett Dawson
FYI.

DCT
noted
thanks
MM

May 27, 1987

The Honorable John Tuck
Executive Assistant to the
Chief of Staff
The White House
Washington, D.C. 20500

Dear John:

I recently learned that Dr. David Sundwall is interested in serving on the President's Commission on AIDS. As you may recall, David was the top health advisor to Senator Orrin Hatch and eventually became Staff Director of the Committee on Labor and Human Resources during the later part of Senator Hatch's chairmanship.

Dr. Sundwall is an M.D. and left the Committee to become Administrator of the Health Resources and Services Administration at the Department of Health and Human Services. He also acts as Assistant Surgeon General. In addition to these posts, David currently serves on the Intra-Governmental Task Force on the Treatment of AIDS Patients.

I think David is highly qualified and would be a real asset to the new commission. Thank you for your careful consideration.

With best personal regards.

Sincerely,

Howard

Howard S. Liebengood

HSL/mkm

— Erwood —
Lorner
— Hoffman LaRoche
DRUG Firm

THE WHITE HOUSE

WASHINGTON

May 26, 1987

MEMORANDUM FOR SENATOR BAKER

FROM: RHETT DAWSON

SUBJECT: AIDS Commission

You asked for my comments on recommendations for the AIDS Advisory Commission. It should be noted that the DPC expressed a preference for a "small" group, but did not specify eight members.

Attached is a side-by-side of the eleven candidates you discussed with the President (left margin) alongside the eight prepared by Gary Bauer. The membership of the eleven is superior for the following reasons:

- greater national renown, public prestige and acceptance, diversity of interests
- chairman is an esteemed physician and leader of a distinguished institution (Dr. Mayberry)
- state public health officers are represented (although Dr. Judson, Denver Public Health Director, could be substituted for Dr. Kizer, California Health Services Director)
- secondary education is represented by Donna Oliver, the black high school biology teacher and recipient of the Presidential award of 1987 -- National Teacher of the Year.
- federal employees are not represented on the list of eleven. It was determined that the Commission should be from outside the federal government; if federal employees need to be involved they can be on the staff or consultants to the Commission -- but not actually sit on an advisory board.
- distinguished attorneys are represented (Califano and Jordan)
- uniformed military is represented (Admiral Watkins)
- insurance industry (and business) is represented (John Carter, Equitable)

A personal experience is worth noting. I am currently seeking term life insurance. However, since I work and live in the District, I cannot obtain coverage from any of the major life insurance companies as they have boycotted all sales in D.C. in protest of a District statute prohibiting questions regarding AIDs on life insurance applications.

FOR CHAIRMAN:

Dr. William Eugene Mayberry
Chairman, Mayo Clinic
Board of Governors

Dr. William B. Walsh
Director, Project HOPE

MEMBERS:

William F. Buckley, Jr.
Columnist, editor and author

Joseph A. Califano
Attorney, former HEW Secretary

John B. Carter
President and CEO, Equitable
Chairman, All-Industry Task
on AIDS

Dr. Richard B. Davis
Physician

Barbara C. Jordon
Professor, Attorney and
former Congresswoman

Dr. Kenneth Kizer
Director, Department of Health
State of California

Dr. Woodrow A. Meyers, Jr.
Commissioner of Public Health
State of Indiana

Donna H. Oliver, High School
Biology Teacher, 1987 National
Teacher of the Year

Richard F. Schubert
President, American Red Cross

James D. Watkins
Former Chief of Naval Operations

Dr. Robert Ray Redfield, Jr.
Department of Virus Diseases,
Walter Reed Army Institute of
Research

Michael Novak
American Enterprise Institute

Eunice Kennedy Shriver
Executive Vice President,
Joseph P. Kennedy, Jr. Foundation
Chairman, Special Olympics

Dr. Sam Broder
NIH, Discoverer of applicability
of AZT to treat AIDS

Dr. Franklin N. Judson
Director, Denver Public Health
President, American Venereal
Disease Association

David Swoap
Former Under Secretary, HHS

Dr. William Eugene Mayberry
Chairman, Mayo Clinic
Board of Governors

FOR CHAIRMAN:

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Physician

Barbara C. Jordon
Professor
Attorney, former Congresswoman

Dr. Kenneth Kizer
Director
Department of Health Services
State of California

Dr. Woodrow A. Meyers, Jr.
Commissioner of Public Health
State of Indiana

Donna H. Oliver
High School Biology Teacher
1987 National Teacher of the Year

Richard F. Schubert
President, American Red Cross

James D. Watkins
Former Chief of Naval Operations

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Walter Reed Army Institute of Research

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American Enterprise Institute

Eunice Kennedy Shriver
Executive Vice President, J.P.Kennedy, Jr. Foundation;
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NIH, Discoverer of AZT applicability to treat AIDS

Dr. Franklin N. Judson
Director, Denver Public Health
President, American Venereal Disease Association

David Swoap
Former Under Secretary, HHS

Dr. William Eugene Mayberry
Chairman, Mayo Clinic Board of Governors

tion director of the NIAID, convened an immunology study group in 1979, the group's attention was focused on the development and application of modern technological advances rather than on diseases.[2] Areas in which developments in basic immunology were considered likely to lead to important advances in research included molecular-genetic approaches to immunologic systems[3,4]; cloning of immunocompetent cells[5,6]; hybridoma technology to produce monoclonal antibodies[7,8]; and studies of the antigens of the major histocompatibility complex and their biologic functions,[9,10] the regulatory mechanisms of the immune response,[11,12] and effector mechanisms and mediators.[13,14] It was anticipated that broad application of these approaches to the study of disease would lead the next revolution in medicine.

As a result of modern technology and basic research in immunology, the complex mysteries of the immune system are unfolding at a pace rarely, if ever, seen in biomedical science. A principal task of the NIAID at present is to ensure that breakthroughs in knowledge are being creatively and effectively translated into clinical applications. In the past few years, much attention and resources have focused on efforts to prevent and treat the acquired immunodeficiency syndrome (AIDS), which, since its initial clinical description in 1981,[15-17] has evolved into the most devastating disease of the adult immune system ever described. On the other hand, we recognize that the revolution in immunology continues to provide knowledge about the immunopathogenesis, treatment, and prevention of a wide variety of diseases and that the remarkable progress that has occurred in research on AIDS has yielded and will continue to yield knowledge that can be directly extrapolated to other disorders of the immune system.

It is clear that the revolution in immunology will continue well into the next century, providing even more exciting findings than have heretofore been imagined. Every clinician will have to acquire a basic understanding of the immune system to comprehend and apply these findings in the everyday clinical practice of medicine. To encourage this process, the *Journal* is initiating a series of comprehensive articles, organized with the collaboration of the NIAID, that attempts to provide a logical understanding of selected aspects of the immune system, along with an explanation of their clinical relevance.

The first article in this series, by Professor Gustav J.V. Nossal, appears in this issue.[18] It is a broad introduction to basic concepts of the immune system, and it will be of value to clinicians and scientists alike. Subsequent articles will deal with various specific aspects of the subject.

National Institute of Allergy and Infectious Diseases
Bethesda, MD 20892

ROBERT A. GOLDSTEIN, M.D.
ANTHONY S. FAUCI, M.D.

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SOUNDING BOARD

WHAT IS SAFE SEX?

Suggested Standards Linked to Testing for Human Immunodeficiency Virus

SEXUALLY transmitted diseases have never been eliminated as a public health problem. However, the lethality of the acquired immunodeficiency syndrome (AIDS), a sexually transmitted disease, poses unique challenges. Voluntary testing of all sexually active adults for antibodies against the causative agent, human immunodeficiency virus (HIV, formerly HTLV-III/LAV), in conjunction with counseling and unequivocal "standards" for safe sex, is a first step in meeting those challenges.

No published data exist regarding the influence of testing on the medical, psychological, social, and economic consequences of HIV infection.[1] These are real and important concerns. However, I argue that the benefits of widespread voluntary testing, to seropositive as well as seronegative persons, may well outweigh the potential harms. The argument is based on two assumptions. First, all people want to protect their

own health, and most are also concerned about their sexual partner (or partners) and offspring. Second, most people desire intercourse in addition to less intimate types of sexual contact. I believe that by linking safe-sex standards to HIV-antibody status (Table 1), most adults can enjoy the full range of sexual expression without jeopardizing their own health or that of their loved ones.

Safe Sex without Testing or Standards

Credit goes to community-based organizations of homosexual men for the early recognition that AIDS was a sexually transmitted disease and for the initiation of "safe-sex" educational projects. Although successful by some measures, these projects have suffered from several flaws. In particular, because HIV was not discovered and its biology was not elucidated until 1984–1985,[2] some earlier guidelines and pamphlets included the erroneous idea that seemingly healthy sexual partners were probably safe. Current "safer-sex" guidelines for homosexual men are complicated and lack clarity, stressing eroticism and mutual masturbation for those who are not monogamous and, in any case, stressing avoidance of anal sex, the use of condoms, and selection of partners according to sexual and medical history. Such advice has led to a documented decline in anal gonorrhea[3] and has almost certainly reduced the transmission of HIV. Unfortunately, gonorrhea and HIV are so different that little comfort can be drawn. Unlike gonorrhea, HIV infection cannot be cured, is certain to be carried for a long time (possibly for life), and is highly likely to cause death. The risk of transmitting HIV must therefore be eliminated, since there is no acceptable level for this risk. "Lower" risk is an inadequate goal and perhaps even a vacuous notion.

"Lower" risk, however, is the most that traditional safe-sex counseling, exhortations, and written handouts have achieved. Every communication, for example, stresses the need to avoid (but not necessarily eliminate) anal sex. But even among the highly educated and motivated cohort of homosexual men whom my colleagues and I have studied in New York City and Washington, D.C.,[4-7] 48 percent continued to have anal sex in 1986 (unpublished data). Much recent emphasis has been placed on condoms, and there is little doubt that meticulous use of condoms can reduce the transmission of HIV. However, 77 percent of the men in our studies who practiced anal sex in 1986 did not use condoms (unpublished data). Furthermore, it has recently been shown that condoms failed to prevent HIV transmission in 3 of 18 couples, suggesting that the rate of condom failure with HIV may be as high as 17 percent[8] (and Fischl MA: personal communication). It is clear that the use of condoms will not eliminate the risk of transmission and must be viewed as a secondary strategy.

Safe-Sex Standards Linked to HIV Status

The HIV epidemic affects highly diverse communities. Thus, standards for safe sex must not be based on any single community or religious ethic but on firm scientific data or at least on rational speculation from such data. As a starting point, standards for safe sex should be tailored to the person's HIV-infection status rather than to assumed risk factors, such as sexual orientation (Table 1). HIV status is the single most important piece of information for use in planning the scope of one's sexual activities.

If both partners are demonstrated to be negative for HIV antibodies, they can confidently engage in any intimate activities (Table 1), provided that neither partner has outside sexual partners or other risk factors for HIV, particularly parenteral drug abuse. HIV seroconversion typically occurs within 6 to 12 weeks after infection.[2] Therefore, if regular testing for HIV shows that both members of a monogamous couple remain negative for at least six months after the elimination of outside risks or partners, full sexual activity can probably be resumed without precautions under the proposed safe-sex standard. Until that time, however, such couples must be considered "HIV unknown" (see below). If outside risks or partners cannot be eliminated, then at least "risk-reduction" measures should be taken (Table 1).

When both partners are infected with HIV (positive–positive in Table 1), there is no compelling evidence to discourage sexual intercourse of any type. The primary emphasis of education for positive subjects must be on eliminating sexual contact with HIV-seronegative and HIV-unknown persons and using effective birth control to prevent HIV infection of babies.

Table 1. Application of HIV-Antibody Status to Proposed Standards for Safe Sex.

HIV Status of Subject–Partner Pair	Proposed Safe Sex (Risk-Elimination) Standard*	Risk-Reduction Measures†
Negative–negative	Any activities with absolute monogamy and no parenteral drug use	"Absolute" condoms, no anal intercourse, and HIV retesting at frequent intervals (at least every 6 mo)
Positive–positive	No HIV-negative or HIV-unknown partners; effective birth control	Condoms and avoidance of partners with secondary infections
Discordant (positive–negative or negative–positive)	Mutual masturbation	"Absolute" condoms and no anal intercourse
Unknown‡ (positive–unknown, negative–unknown, or unknown–unknown)	Mutual masturbation	Absolute monogamy, "absolute" condoms, and no anal intercourse

*Analytic research is needed to demonstrate safety. More stringent standards, such as celibacy or self-masturbation, are assumed to be reasonably safe, since they involve no exposure of an uninfected partner to HIV.

†These measures probably reduce but do not eliminate HIV transmission for secondary infections (in positive–positive pairs). They are suggested only under conditions in which proposed safety standards are not maintained (e.g., non monogamy or use of parenteral drugs). "Absolute" condoms indicates use from start to finish for oral or vaginal sex, ideally with a spermicide that has anti-HIV activity.

‡Reverts to positive–positive, negative–negative, or discordant when HIV status of both partners is known.

In our studies, we have found no clear evidence that behavior modification lowers the risk of AIDS among those who are already infected.[7] Because of the possibility of weak cofactors, however, it is prudent to recommend risk reduction through the use of condoms and avoidance of partners with secondary infections.

A safe-sex standard for couples who are discordant (one seropositive and one seronegative) must be very stringent, with sexual activity limited to mutual masturbation. Fortunately, discordant couples are relatively uncommon. Discordant married couples who will not adhere to such a stringent standard must be advised to use risk-reduction measures including mandatory condom use for all phases of every oral and vaginal contact (i.e., fellatio or coitus) and exclusion of anal intercourse (Table 1).

In the majority of the population, currently of unknown HIV serologic status, each partner must be considered potentially either at risk or contagious. On the basis of current data, only celibacy and masturbation can be considered truly safe. With universal voluntary testing, however, almost all "HIV-unknown" couples could be recategorized into one of the three known groupings, with a far more lenient safe-sex standard for the majority (Table 1). Unless HIV-unknown subjects are tested and develop mutually faithful monogamous relationships with tested partners of similar HIV status, intercourse, even with condoms, will carry some risk of HIV transmission.

Implementing and Testing Safe-Sex Standards

The safe-sex standards proposed in Table 1 are based on rational speculation from existing data. Thus, their efficacy must be evaluated prospectively. Even if linkage of HIV test results to individuals proves too controversial, efficacy can be evaluated by linking test results to anonymous questionnaires. Seroconversions among those adhering to the standard would indicate that the standard was inadequate. For example, intimate kissing has not been demonstrated to transmit HIV, although the virus is found in low levels in saliva.[9] If seroconversions occur in discordant couples adhering to the standard, a more stringent standard that proscribes intimate kissing in discordant couples may be required. Alternatively, it is also possible that more lenient standards may become truly safe as anti-HIV drugs are developed for systemic use, vaginal use, or use as condom lubricants. Any data purporting to show such efficacy would have to be scrutinized carefully.

The purpose of establishing, recommending, and evaluating safe-sex standards, like that of immunization programs, is to enlarge the proportion of the population at no risk of disease. Reducing risky sex, rather than eliminating it, is like incompletely immunizing a population — there is little benefit to the individual or the community. Undoubtedly, a campaign urging universal voluntary testing and sexual standards would provoke debate, but this debate would bring "risk elimination" into the vocabulary of communities of all types, those with a high incidence of AIDS and those with a low prevalence of HIV.

Physicians will be drawn into this debate and must be prepared to distinguish risk from no risk and to state clearly what sexual activities are safe for the individual patient. Many physicians have not been trained in taking sexual histories or are uncomfortable in doing so. This is obvious to the patient, who is often too embarrassed to raise sexual questions, even with a gynecologist. However, the patient may be very worried about AIDS and in any case is likely to appreciate the physician who raises questions about sexual practices. The physician can begin by asking about marital status (as an unthreatening opening), any sexual activity, monogamy, contraceptive practice (particularly the use of condoms), and current HIV status of the patient and his or her sexual partner (or partners). Because comparisons with the community are only measures of relative risk rather than absolute risk of exposure, the type of sexual activities need not be quantified, with the important exception of anal intercourse, which facilitates HIV transmission dramatically.[4] Similarly, the number of partners need only be quantified as none, one, or more than one. More than one is unsafe, but the number is less important than the serologic status of the additional partners. Sex with a prostitute may be riskier than sex with a neighbor, but if neither has been tested for HIV then neither can be considered truly safe.

Summary

Because of the lethality of the HIV epidemic, rational and scientifically defined standards of sex that preclude the spread of sexually transmitted diseases are required. In the context of an HIV-antibody test that has been documented to be extremely sensitive and specific,[10] standards for truly safe sex can be defined. HIV testing can be used as a powerful tool for defining a series of standards for sexual partners that eliminates, with reasonable certainty, the further spread of HIV. Such standards provide a defined benchmark for future research aimed at evaluating the effectiveness of public health measures in arresting the spread of the virus. The fact that at least 10 million American blood donors and some 2 million Americans applying for or in the armed forces have been tested demonstrates that the adverse consequences of testing can be limited. Now is the time to minimize the fear and eliminate the risk of transmitting HIV to loved ones by urging widespread voluntary testing of sexually active adults and by developing standards for safe sex.

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CORRESPONDENCE

Letters to the Editor are considered for publication (subject to editing and abridgment), provided that they are submitted in duplicate, signed by all authors, typewritten in double spacing, and do not exceed 40 typewritten lines of manuscript text (excluding references). Submission of a letter constitutes permission for the Massachusetts Medical Society, its licensees, and its assignees to use it in the *Journal*'s various editions (print, data base, and optical disk) in anthologies, revisions, and any other form or medium. Letters should not duplicate similar material being submitted or published elsewhere, and they should not contain abbreviations. Financial associations or other possible conflicts of interest should always be disclosed.

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ANTI-ESTROGENIC EFFECT OF CIGARETTE SMOKING

To the Editor: Drs. Michnovicz et al. (Nov. 20 issue)[1] have clearly demonstrated important differences between smokers and nonsmokers in their metabolism of estradiol. Mechanisms leading to the anti-estrogenic effect of smoking may, however, be more complex than the authors suggest. Several factors raise the possibility of a substantial contribution to this anti-estrogenic influence by estrogen antagonists, which may be either absorbed during tobacco use or produced endogenously as a result of substances absorbed during such use.

If smoking augments the estrogen-deficiency diseases simply by lowering the concentrations of estrogens, this effect should be easily overridden by the administration of supplemental hormones. We continue to see postmenopausal smokers with osteoporosis who are consuming large doses of conjugated equine estrogens without apparent osseous improvement; this observation reinforces our suggestion that this form of therapy may not be effective for such women.[2]

2-Hydroxyestrone, the estradiol metabolite whose production is greatly increased in smokers, does not have estrogenic activity, but it has substantial affinity for estrogen-binding sites,[3] one fifth that of estrone or estriol and enough to anticipate antagonism to their estrogenic effects. On the other hand, its affinity is only 1/50 that of estradiol, against which it does not demonstrate estrogen antagonism.[3,4] The affinities for human estrogen-binding sites of the equine estrogens in common clinical use are apparently unknown, but they may be weak enough to allow for antagonism to their estrogenic activity by 2-hydroxyestrone.

The studies of Jensen et al.[5] demonstrate that the administration of estradiol in high conventional doses (4 mg per day) to postmenopausal smokers produces plasma levels of both estradiol and estrone that are similar to those of nonsmokers consuming much smaller, but therapeutically effective, doses of estradiol (1 mg per day). If smokers do not respond to these plasma levels, additional smoking-induced mechanisms preventing osseous response must be assumed.

Slender stature, as well as cigarette smoking, appears to contribute both to the induction of early menopause[7,8] and to the development of osteoporosis[2] — disease states that are most pronounced among slender smokers. Lower weight[9,10] is also associated with increased production of 2-hydroxyestrone. The additive anti-estrogenic influences of these two factors are consistent with contributions by multiple mechanisms, but the simplicity of explaining their contributions by a single mechanism is attractive.

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The above letter was referred to the authors of the article in question, who offer the following reply:

To the Editor: The anti-estrogenic effect of tobacco consumption undoubtedly results from multiple mechanisms. In addition to increased estradiol 2-hydroxylation and decreased biosynthesis,[1] discussed previously, Dr. Daniell suggests that direct estrogen antagonism may also have a role in this effect. 2-Hydroxyestrone itself is capable of opposing estradiol in tissue-culture experiments,[2] but its very high metabolic clearance rate in vivo[3] precludes its function as a circulating estrogen antagonist in smokers. Nevertheless, since 2-hydroxylation of estrogens apparently occurs in numerous organs,[1] increased formation of 2-hydroxyestrogens in hormone-responsive cells may provide the mechanism for local estrogen-receptor blockade, even when circulating estradiol is adequate.

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